

AMERICA'S FORGOTTEN ATOMIC
HEROES

HON. BILL RICHARDSON

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 13, 1995

Mr. RICHARDSON. Mr. Speaker, today, I would like to talk about forgotten heroes. As we contemplate sending United States troops to Bosnia, we would be well-served to remember the fates of those men and women known as Atomic Veterans. Most Americans, and maybe many of us here in Congress, are not aware that there exists today a group of veterans who were exposed to ionizing radiation while in the U.S. military in Hiroshima and Nagasaki, in the nuclear and thermonuclear tests in the Pacific, and the Nevada nuclear tests. Some were directly exposed, some were exposed by cleaning up contaminated sites, ships, or aircraft. Some, sadly, lost their lives. And, in the 50 years since nuclear testing began, many of our Atomic Veterans have fallen ill from exposure and, today, probably more than half of them are dead.

Our Government has recognized more than 40 cancers and conditions that are caused by exposure to ionizing radiation, but only the 13 named in PL100-321 and 2 in PL102-578 are deemed presumptive. Many of the Atomic Veterans don't think these laws go far enough. They tell me that the law we passed in 1984, PL93-542, under which most radiation claims are adjudicated, do not go far enough. They say, in fact, that we have a double standard. The Marshall Islands Nuclear Claims Tribunal Act of 1987, as amended, gives compensation to Marshall Islanders, presumptively, for cancers and conditions that are denied to U.S. servicemen. These veterans are exposed at the same time and places as the Marshall Islanders. Does that sound fair to you?

The President's Advisory Committee on Human Radiation Experiments issued their final report of over 900 pages on October 3, 1995. President Clinton apologized on behalf of the United States for the human experiments performed on both civilians and the military. The report brought some long-overdue recognition by the executive branch of Government. Today, I would like to ask Congress to recognize the Atomic Veterans, throughout the country, for their valor and service. I know many of my colleagues join me in thanking them for their sacrifice, and I know many of you will join me in working with the Veterans Administration to equalize the standards for those veterans with radioactive cancers and diseases.

UNICEF: 49 YEARS AND COUNTING

HON. THOMAS M. BARRETT

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 14, 1995

Mr. BARRETT of Wisconsin. Mr. Speaker, for those of us lucky enough to grow up in an environment free of civil war and famine, it can be difficult to imagine the hardships that confront millions of children every day in places like Bosnia and Rwanda. At least 40 conflicts are currently raging throughout the world, and as a result, approximately 1.5 mil-

lion children have been killed, more than 4 million disabled, 5 million forced into refugee camps, and 12 million rendered homeless.

The United Nations Children's Fund [UNICEF], a special program of the United Nations established on December 11, 1946, is dedicated to the health and welfare of children, who represent the future of our world. UNICEF's annual report on the State of the World's Children, released this week, highlights its success in combating disease, hunger, and death among the world's children.

UNICEF's immunization, sanitation, and nutrition programs have helped reduce child mortality rates by 50 percent in the last 30 years. Every year, UNICEF provides oral vaccines and other medicines that save the lives of 3 million children. In 1994, UNICEF's close cooperation with various international food programs helped feed 57 million hungry people.

Given the tight budgetary constraints presently facing the United States, we need to use our limited resources wisely. I believe that our interests include UNICEF programs benefitting millions of children in developing nations. I am pleased that this year's Foreign Aid appropriations bill would create the Child and Disease Program's Fund, to include such programs as AIDS prevention, nutrition, polio eradication, an infectious disease surveillance system, and funding for blind children.

One of the central principles behind the creation of UNICEF is that action taken today to prevent disease and malnutrition will save us money in future years. An example is the fight to eradicate polio. Although there have been no reported cases of polio in the Western hemisphere or in Europe for 3 years, experts estimate that funding for immunizations must continue for another 5 years to ensure that the disease is eliminated. Failure to contribute to this effort could lead to a resurgence of polio, and a drastic increase in the cost of combating the spread of disease.

UNICEF will celebrate its 50th anniversary in 1996. We should honor the successes of the last 50 years, but we must also prepare for the next 50 years. As we work for a better world for our children, UNICEF's programs are worthy of our continued support.

AMERICAN PUBLIC HEALTH ASSO-
CIATION ENDORSES MEDICAL
USE OF MARIJUANA

HON. BARNEY FRANK

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 14, 1995

Mr. FRANK of Massachusetts. Mr. Speaker, recently I introduced legislation which would allow physicians to prescribe marijuana when in their judgment it is medically appropriate to do so. I first became a supporter of this legislation more than a decade ago, when it was introduced by our late colleague, the gentleman from Connecticut Mr. McKinney. I was recently advised of a resolution passed by The American Public Health Association which supports the concept embodied in the legislation I have introduced and I ask that this resolution be printed here.

ACCESS TO THERAPEUTIC MARIJUANA/
CANNABIS

The American Public Health Association:
Being aware that cannabis/marijuana has been used medicinally for centuries and that

cannabis products were widely prescribed by physicians in the United States until 1937; and

Being aware that "marijuana" prohibition began with the Marijuana Tax Act of 1937 under false claims despite disagreeing testimony from the AMA's representative; and

Being further aware that the Controlled Substances Act of 1970 completely prohibited all medicinal use of marijuana by placing it in the most restrictive category of Schedule I, whereby drugs must meet three criteria for placement in this category: 1) have no therapeutic value, 2) are not safe for medical use, and 3) have a high abuse potential; and

Being cognizant that the Drug Enforcement Administration's own administrative law judge ruled in 1988 that marijuana must be removed from Schedule I and made available for physicians to prescribe; and

Knowing that 36 states have passed legislation recognizing marijuana's therapeutic value; and

Also knowing that the only available access to legal marijuana which was through the Food and Drug Administration's Investigational New Drug Program has been closed by the Secretary of Health and Human Services since 1991; and

Understanding that while synthetic Tetrahydrocannabinol (THC) is available in pill form, it is only one of approximately 60 cannabinoids which may have medicinal value individually or in some combination; and

Understanding that marijuana has an extremely wide acute margin of safety for use under medical supervision and cannot cause lethal reactions; and

Understanding that marijuana has been reported to be effective in: a) reducing intraocular pressure in glaucoma; b) reducing nausea and vomiting associated with chemotherapy; c) stimulating the appetite for patients living with AIDS (acquired immunodeficiency syndrome) and suffering from the wasting syndrome; d) controlling spasticity associated with spinal cord injury and multiple sclerosis; e) decreasing the suffering from chronic pain; and f) controlling seizures associated with seizure disorders; and

Understanding that marijuana seems to work differently than many conventional medications for the above problems, making it a possible option for persons resistant to the conventional medications; and

Being concerned that desperate patients and their families are choosing to break the law to obtain this medicine when conventional medicines or treatments have not been effective for them or are too toxic; and

Realizing that this places ill persons at risk for criminal charges and at risk for obtaining contaminated medicine because of the lack of quality control; and

Realizing that thousands of patients not helped by conventional medications and treatments, may find relief from their suffering with the use of marijuana if their primary care providers were able to prescribe this medicine; and

Concluding that cannabis/marijuana was wrongfully placed in Schedule I of the Controlled Substances depriving patients of its therapeutic potential.

Recognizing the APHA adopted a resolution (7014) on Marijuana and the Law which urged federal and state drugs laws to exclude marijuana from classification as a narcotic drug; and

Concluding that greater harm is caused by the legal consequences of its prohibition than possible risks of medicinal use; therefore

1. Encourages research of the therapeutic properties of various cannabinoids and combinations of cannabinoids; and